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AUTHOR	Buchanan, Patricia; Parker, Vicky K.; Zajdel, Ruth Hopkins
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ABSTRACT

This paper examines the history of midwifery in Appalachia. Throughout history, women in labor have been supported by other women. Midwives learned as apprentices, gaining skills and knowledge from older women. Eventually, formalized training for midwives was developed in Europe, but no professional training existed in the United States until 1939. In 1923 Mary Breckinridge organized the Frontier Nursing Service in Wendover, Kentucky, to meet the health needs of rural women and children. Breckinridge had become acquainted with nurse-midwives in France and Great Britain during World War I and later attended classes in London. She brought trained midwives from England, who made prenatal home visits on foot or horse. In 1939 the Frontier Nursing Service started the Frontier School of Midwifery and Family Nursing, which still exists today. It is estimated that a quarter of all certified American nurse-midwives graduated from the Frontier School. In 1989 the school began offering a national distance-learning program to make it easier for nurses in small towns and rural areas to become nurse-midwives. This paper includes anecdotes about Appalachian lay-midwives and "granny women" and traditional birth customs. Definitions of the different types of midwives and birth attendants and their training are provided. (Contains 18 references.) (SV)

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BIRTHIN' BABIES: THE HISTORY OF MIDWIFERY IN APPALACHIA

Patricia Buchanan
Adena Regional Medical Center

Vicky K. Parker
Ohio University Chillicothe

Ruth Hopkins Zajdel
Ohio University Chillicothe

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Abstract

This presentation will encompass the history of midwifery in Appalachia. Discussion will include roles, clinical techniques, and personal experiences of midwives and their patients. The history component will include a comparison of training and education required for the midwife in the past century to present day. The roles component will describe the relationship between the midwife and the expectant family, including Appalachian cultural influences. The clinical component will include a discussion of different techniques utilized by the midwife in Appalachia, including a comparison of these practices with conventional medicine. Includes an interview with a midwife's family, who also experienced the midwife, at-home birthing process.

Introduction

As women either born or raised in Appalachia, we often heard stories of home births performed by midwives or grannies when we were growing up. It was these stories that inspired us to investigate further the role of midwives in Appalachian culture. Our investigation involved travels in cyberspace, other literature reviews, various interviews, and travel to Wendover, Kentucky, where Mary Breckinridge established the first professional midwifery program, still in existence today. Prior to the time Breckinridge established the midwifery program, called Frontier Nursing Service, births were attended by lay-midwives with no formal training. Since the first professional midwifery program was established in Kentucky in 1925, the focus of this presentation will center on that place and time up to the present day.

History of Midwifery

Since the beginning of time, the birth of a baby has been seen as a miracle. However, who should attend the mother at the birthing process has been the question. At some unknown point, experienced women and/or women who had given birth were designated as wise women and became birth attendants (Weir, 1996). The Bible's recognition of midwives can be found in several verses in Exodus 1:15-22, which tells the experiences of two Hebrew midwives who refused to kill male infants in defiance of the King of Egypt. Records of midwives have also been found on papyri and ancient

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Hindu records. During Greek and Roman times, midwives functioned as caregivers to women during their reproductive cycles (Weir, 1996).

The term "midwife" in English was translated to mean "with woman," while the term in French is "sage femme," which translated means "a wise woman" (Weir, 1996). The main purpose of ancient midwifery was support of the woman in labor. Labor was seen as a natural process, and women were the logical choice to support and assist.

The profession of midwifery continued during the Dark and Middle Ages without major changes. The midwives during this time routinely used herbs and potions, many of which are the forerunners of drugs that are used today. Midwives during this time learned under an apprentice where skills and knowledge were passed from one generation to another (Brucker, 1996). Eventually, formalized education for midwives was developed in Europe.

During the colonization of America, lay midwives were the main attendants at the birth of a baby. During the late 1700s and 1800s, with the development of medical schools, physicians attended to the births of the wealthy women while the lay midwives attended the women of lower socioeconomic groups. It wasn't until 1925 in a little burg called Wendover, Kentucky, that midwives with professional training were first introduced by Mary Breckinridge (Isaacs, 1999).

Breckinridge was born into an affluent family. Her father had been an ambassador, and her grandfather had been Vice President under President Buchanan. It was after the death of her two infant daughters and the dissolution of her second marriage that she traveled to France to volunteer for the American Committee for Devastated France after World War I (U.S. Department of the Interior, 2000). It was during this time that she became acquainted with the nurse-midwives in France and Great Britain. After meeting these midwives, she thought that she could help mothers and children in rural America. She attended classes at the British Hospital for Mothers and Babies and the York Road General Lying-in Hospital, both in London, and later attended classes at the Teacher's College of Columbia University (U.S. Department of the Interior, 2000).

In 1923 Breckinridge organized the Frontier Nursing Service in Wendover, Kentucky, near Hyden. She chose Kentucky because she had personal ties and because of the health needs of rural women and children. It was during this time that she surveyed 55 lay-midwives in rural Kentucky and found them to be elderly with an average age of 60. She brought the first trained midwives from England as well as Americans trained in England, because there was no United States training center at that time. The nurse-midwives provided prenatal care, visiting their patients bi-weekly until the seventh month and weekly thereafter. Because of the terrain of the mountainous areas, the nurse-midwives would walk or rode horseback to make house call. They did not acquire a jeep until the late 1940s (U.S. Department of the Interior, 2000).

On November 1, 1939, the Frontier Nursing Service started the Frontier Graduate School of Midwifery. Even though there were only two students in the first class, it was the first school of nurse-midwifery in the United States. Mary Breckenridge died in 1965; however, her Frontier School of Midwifery and Family Nursing continues to graduate 100 certified nurse-midwives each year, the largest number of any school in the United States. In November 1999 FNS celebrated its 60th year of nursing service. It has been estimated that a quarter of all the certified nurse-midwives have graduated from the Frontier School. Finally, one of the most popular babies delivered by a Frontier Nursing Service trained midwife was Tim Couch, quarterback for the Cleveland Browns (Isaacs, 1999).

Anecdotes of Appalachian Midwives

According to the Biblical account of creation, everyone who has ever lived on Earth except two got here the same way—through the birth process. Appalachia has been an area steeped in superstition and modesty, and the birthin' of babies is one area that was particularly surrounded by the area's strong tradition of superstition.

Until fairly recently, most babies were delivered by midwives who had been self-taught or who had served a kind of apprenticeship with an older midwife. The knowledge had been handed down through generations and often within the same family from mother to daughter or aunt to niece. These were the picturesque "granny women" who rode mules into the hollows, often behind the expectant father who had come to "fetch Granny." They would sometimes leave their own homes and families for days and stay with the expectant family until the baby was born and maybe a few days afterward to be sure mother and child were doing all right. Thompson (1956) writes of a "Kentucky that knew far more about granny women and Indian herbs than about obstetricians and the fancy products of Mr. Lilly and Mr. Upjohn."

These wise old granny women were special in the community. Some helped their neighbors through not only birth but also sickness and death, as illustrated by the following from Wilson (1978):

> They looked to their own folk knowledge and the floor of the forest for the materials to stave off the throes of illnesses. . . . They knew the applicability of every wild plant which grew . . . around the ridges, and they were the depositories of all wisdom including the keeping of oral recollections of family histories.

Aunt Becky McLemore was a midwife in Perry County, Kentucky, for well over 50 years. "Pushing on toward 80," she attributed her long life and good health to three things: midwifing, plenty of exercise, and corn liquor. Since she didn't always keep records, Aunt Becky McLemore didn't know how many children she had helped bring into the world, but she estimated between 2,000 and 5,000, which averages out to between 40 and 100 a year. However, the startling thing about Aunt Becky McLemore's record is that she claimed to have lost only two mothers in her 50 years of practice. She

admitted that about fifteen babies she delivered died at birth. Of the two mothers she lost, she said she "knew both of them were 'goners'" before she ever took them on.

Aunt Becky was born Rebecca Campbell on Troublesome Creek and lived most of her life on Rowdy Creek in Perry County. At age 16, she married her double first cousin, Lewis Campbell, and bore him "nine strong children." After he died, she married George McLemore and gave birth to six more.

Aunt Becky was drawn into midwifery when she was 27. She, her mother, and her Aunt Rach were visiting a woman who was about to have a child. When the woman's time came, Becky's mother and aunt went off to look for help, but Becky remained behind and successfully delivered the child. That was her first case.

Her remedies were few and simple. She gave verbena tea as a mild stimulant, ginseng tea for babies suffering from hives or colic, and the more generally known sassafras tea "just to do you good and help you, too." Aunt Becky said that "women get along a sight better without doctors." She said that in the early days she never had to call in a doctor but later never hesitated to call in a "doctor-man" if the case seemed to warrant it. She said, "Folk is gittin' wiser and weaker."

Aunt Becky McLemore was a matriarch of the old school. A proud, strong woman, she worked hard and never turned people away from her door whether they came asking for food, shelter, medical help, or anything else she had to offer (Niles, 1998).

Audell Bays, who lives in Magoffin County, Kentucky, gave birth to four children between 1953 and 1960. The first was born in a hospital. Audell had to travel many miles over poor roads in a hearse to get to the hospital, and her bill for the hospital and doctor was $50—a lot of money in 1953. She gave birth to her last three babies at home attended by her midwife mother-in-law, Becky Bays (who was also called Aunt Becky). Some of the neighbor women came in to help during the births, and Audell talks on our taped interview about how much more comfortable she was giving birth at home surrounded by her own things and people who loved her.

Keithern Bays, Audell's husband and Aunt Becky's son, tells how his mother would always go when someone came for her, no matter what she was doing when she was summoned and often in the middle of the night. She would sometimes be away for days. At times she had as many as three women in labor at the same time and would have to go from one house to the other to the other. Initially, Aunt Becky Bays charged $2 a delivery. Through the years that increased to $3, then to $5, and finally to $10, but she never found anyone too poor to enjoy her services and would gladly take what each could afford to pay. Sometimes it would be a bushel of corn or a chicken.

Aunt Becky Bays took a test each year at the county health department and maintained some kind of licensure. Audell was good enough to lend me Aunt Becky's medical book and the little scale she used to weigh newborns. Audell also has

the book of stubs from when Aunt Becky issued birth certificates, but she wouldn't let me bring that because Aunt Becky had made notes in it about who she thought certain babies' real fathers were (Bays, 2000).

Although these early midwives were indispensable in Appalachian history and had acquired wisdom through experience, they operated quite differently from today's midwives, the demand for whom is growing. Few women today would be eager to have a granny woman presiding at the birth of a child. Mrs. Sylvania Duff of Hyden, Kentucky, "cotched" some 800 babies in 50 years and said that all she needed was a pair of scissors, a butcher knife, some water, a few newspapers, a bar of soap, and some rags. She told how she was concerned that one child was "liver-growed," so she took the infant's right hand and left heel and made them touch behind. When she couldn't make the left hand and right heel touch, "I jest pulled. The child cried mightily, but I knowed hit had to be done" (Thompson, 1956).

Pre- and postnatal superstition flourished in the hills. Failure to satisfy the "cravings" of a pregnant woman would result in all manner of harm to her unborn child. If she craved watermelon and didn't get it, the baby's head would be shaped like one. If she became agitated, wherever she touched her body with her hands, the infant would have a birthmark on that spot. (Fortunately, birthmarks could be removed by rubbing them with the hands of a corpse.) If an expectant mother saw an open wound, her child would be born with an open sore. A seven-month baby (like a seventh son of a seventh son) was likely to be a natural healer.

Labor was substantially easier if an axe was placed under the bed to cut the pain, and a mother could also ease her pain by holding a pinch of salt in her fingers. The umbilical cord of the firstborn had to be examined in detail, for the infant would have the same number of siblings as knots on the cord. A mother didn't cut her baby's hair before it was a year old, for that would shorten its life. If an infant was allowed to look in a mirror before it was nine months old, its life would be full of trouble. And a child born on Christmas could understand the language of the beasts of the field (Thompson, 1956).

In What My Heart Wants to Tell, Verna Mae Slone writes of what a time for celebration the birth of a new baby was in the hills:

> That was one occasion when the women took over. No men were allowed; even the father must leave home after bringing the "granny" and letting the kinfolk know. This happy time was known as a "Granny Frolic," and the expecting mother prepared for it in advance by making piles of gingerbread and fattening some frying chickens. In some homes there would be a few pints of moonshine. Every married woman friend and relative was welcome; no young girls were permitted. . . . After the baby was born, bathed, and powdered with powder made from clay taken from between the rocks in the chimney, someone would remove the axe from under the bed. . . . After ringing the dinner bell to let everyone know

> the baby was born and both mother and child were alright [sic], the party began. They always cut up the father's hat, if he had not hidden it. I don't know why—maybe it was supposed to bring good luck. . . . Nowhere will you find people who love their children more than we do. No matter how large the family or small the house and income, a new arrival is welcome and loved (Slone, 1979).

Current Trends in Midwifery

We have gone through the history of midwifery in Appalachia and visited with women who were a part of that history. Where are the midwives of today and of the future?

As we traveled in Appalachia to visit the Frontier Nursing Service base in Kentucky, my personal stereotype of what the area would look like was reformed. As we researched the FNS, I could visualize the nurses riding their horses through the hollows on dirt roads to administer care to those in need. Pictures of the baby in the saddlebag and health care workers traversing creeks to get the ill to the hospital were imbedded in my memories. Instead, paved but narrow roads and nice housing welcomed us all along our route. Also along our route, the nice new schools that dotted the hillsides impressed me. The final blow to my romantic vision of the past happened when we talked with the women at the FNS and one of them offered us her card, which, of course, included her e-mail address. This is the Appalachia of today, I thought, and this will be its future. Modern technology has opened the world to Appalachia and Appalachia to the world.

In order to understand the current trends and processes in midwifery, we must first understand the definitions of the different types of midwives. The Grannies of which we have talked today are now thought of as mostly black women whose skills were handed down from mother to daughter over the centuries. "Granny midwives" are now banished from the scene, outlawed in the mid-1970s when medical boards in the southern states prohibited their practice (Mitford, 1992). Certified Nurse-Midwives (CNM) are registered nurses, usually with a Master's degree, who have completed accredited nurse-midwifery education programs and passed a national certification exam. Lay, direct-entry, and other midwives choose today's less traditional route of education. Lay midwifery connotes domiciliary (home birth) practice and informal training that is founded in experience. Direct-entry implies that the person went into midwifery without first being trained as a nurse. Other midwives would be like the grannies or the midwives of the Native Americans. Training for the "lay" midwives varied from weekend workshops and correspondence courses with no clinical components to formally organized state-accredited education programs. Birth attendants and doulas are women who attend births in order to support the mother and assist the primary birth attendant (physician or midwife). This term is used by some lay midwives who practice in states where only CNMs are allowed to practice (Rooks, 1997). Carrington and Decker predicted in 1997 that The American College of Nurse-Midwives Division of Accreditation would be requiring a baccalaureate degree upon entrance or completion of each midwifery education program by June 1999. External forces continue to pressure for

the master's degree to be the baseline credential for nurse-midwifery practice (Carrington and Decker, 1997).

Today the role of the midwife continues to be shaped by needs, regulations, and by the medical establishment. During the 1960-70s the government started several programs that impacted nurse-midwifery. Medicaid provided opportunities for midwives because the reimbursement was too low for most physicians to survive in practice. In 1965, the Office of Economic Opportunity developed a program to support family planning services for the poor. Enactment of the Family Planning Services and Population Research Act of 1970 greatly expanded the number of sites providing contraceptive care. Because of a shortage of physicians in low-income areas, opportunities opened for nurse-midwives to teach family planning in areas such as Appalachia. In response to President Nixon's annual health message of 1971, a series of federal acts were passed to support training programs, which ultimately resulted in a stable source of funding for nurse-midwifery education. Various organizations responded to the need to increase the number of nurse-midwives to provide care for socioeconomically high-risk women. One such grant was by the Robert Wood Johnson Foundation in 1988, which enabled West Virginia to increase its number of nurse-midwives from four in 1989 to more than 20 in 1992 (Rooks, 1997). Physician organizations have repeatedly opposed the independent practice of nurse-midwifes and strongly encouraged that their practice and reimbursement be under direct supervision of a physician. The American College of Obstetricians and Gynecologists released a statement opposing independent practice by nurse-midwives in 1980, and the American Academy of Family Physicians released similar statements of opposition in 1990 and 1993 (Rooks, 1997).

In 1900, midwives attended approximately 50 percent of births. In 1935, 12 percent of births were attended by midwives, and in 1986, 4 percent. Today, nurse-midwives attend 5 percent of births. This number is projected to double in the next five years with 70 percent of the patients coming from vulnerable populations (Fitzgerald and Wood, 1997). For almost fifty years, the first step in developing a nurse-midwifery education program was to develop a nurse-midwifery service; almost invariably, the service was based in a hospital or health care system dedicated to care of the poor. In 1989, the Frontier School of Midwifery and Family Nursing expanded the distance-learning concept into a national program. The Community-based Nurse-midwifery Program was developed in response to the need to prepare more nurse-midwives, to prepare nurse-midwives for practice in birth centers, and to make it easier for nurses living in small towns and rural areas to become nurse-midwives. It tapped deep into a deep reservoir of experienced obstetrics nurses who want to become midwives but could not because of where they live (Rooks, 1997). Today, the FNS is organized as a parent holding company for Mary Breckenridge Healthcare, Inc., (home health agency, two out-post clinics, one primary-care clinic in the hospital, Kate Ireland Women's Healthcare Clinic) and for the Frontier School of Midwifery and Family Nursing—the largest midwifery program in the United States (Frontier Nursing Service, 2000).

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FSMFN Community-Based Nurse-Midwifery Education Program (CNEP) – www.midwives.org

FSMFM Community-Based Nurse-Practitioner Program (CFNP) – www.frontiernp.org

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